

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILED CALIFORNIA 460
2001/02 FORM

Date **JUL 29 2004**

Page **1** of **4**

For Official Use Only

Statement covers period
from **01/01/2004**
through **06/30/2004**

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee Ballot Measure Committee
- State Candidate Election Committee Primarily Formed
- Recall Controlled
- (Also Complete Part 5) Sponsored
- General Purpose Committee Sponsored
- Small Contributor Committee Political Party/Central Committee
- Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement Quarterly Statement
- Semi-annual Statement Special Odd-Year Report
- Termination Statement Supplemental Preelection Statement - Attach Form 495
- Amendment (Explain below)

3. Committee Information

I.D. NUMBER
1227669

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alice Patino for City Council

STREET ADDRESS (NO P.O. BOX)
2450 Professional Pkwy., Suite 220
CITY **Santa Maria** STATE **CA** ZIP CODE **93455** AREA CODE/PHONE **805-346-8407**

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2450 Professional Pkwy., Suite 220

CITY **Santa Maria** STATE **CA** ZIP CODE **93455** AREA CODE/PHONE **805-346-8407**

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

By *T. B. Patino* Date *7/29/04*
Signature of Treasurer or Assistant Treasurer

By *John J. Schiavo* Date *7/29/04*
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Date _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council - City of Santa Maria

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

2450 Professional Pkwy., Suite 220 Santa Maria CA 93455

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

NAME OF OFFICEHOLDER OR CANDIDATE

SUPPORT
 OPPOSE

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

NAME OF OFFICEHOLDER OR CANDIDATE

SUPPORT
 OPPOSE

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF OFFICEHOLDER OR CANDIDATE

SUPPORT
 OPPOSE

COMMITTEE NAME I.D. NUMBER

NAME OF OFFICEHOLDER OR CANDIDATE

SUPPORT
 OPPOSE

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

NAME OF OFFICEHOLDER OR CANDIDATE

SUPPORT
 OPPOSE

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

NAME OF OFFICEHOLDER OR CANDIDATE

SUPPORT
 OPPOSE

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF OFFICEHOLDER OR CANDIDATE

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino for City Council

CALIFORNIA FORM 460		SUMMARY PAGE																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Statement covers period from <u>01/01/2004</u></td> <td style="width: 50%; text-align: center;">CALIFORNIA FORM 460</td> </tr> <tr> <td style="text-align: center;">through <u>06/30/2004</u></td> <td style="text-align: center;">Page <u>3</u> of <u>4</u></td> </tr> <tr> <td colspan="2" style="text-align: center;">I.D. NUMBER <u>1227669</u></td> </tr> </table>		Statement covers period from <u>01/01/2004</u>	CALIFORNIA FORM 460	through <u>06/30/2004</u>	Page <u>3</u> of <u>4</u>	I.D. NUMBER <u>1227669</u>																	
Statement covers period from <u>01/01/2004</u>	CALIFORNIA FORM 460																						
through <u>06/30/2004</u>	Page <u>3</u> of <u>4</u>																						
I.D. NUMBER <u>1227669</u>																							
Calendar Year Summary for Candidates Running in Both the State Primary and General Elections																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th> <th style="width: 50%; text-align: center;">Column B CALENDAR YEAR TOTAL TO DATE</th> <th colspan="2" style="text-align: center;">1/1 through 6/30 7/1 to Date</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1. Monetary Contributions 2. Loans Received 3. SUBTOTAL CASH CONTRIBUTIONS 4. Nonmonetary Contributions 5. TOTAL CONTRIBUTIONS RECEIVED</td> <td style="text-align: center;">Schedule A, Line 3 Schedule B, Line 3 Add Lines 1 + 2 Schedule C, Line 3 Add Lines 3 + 4</td> <td style="text-align: center;">\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00</td> <td style="text-align: center;">\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00</td> <td style="text-align: center;">\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">20. Contributions Received</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">21. Expenditures Made</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>				Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	1/1 through 6/30 7/1 to Date		1. Monetary Contributions 2. Loans Received 3. SUBTOTAL CASH CONTRIBUTIONS 4. Nonmonetary Contributions 5. TOTAL CONTRIBUTIONS RECEIVED	Schedule A, Line 3 Schedule B, Line 3 Add Lines 1 + 2 Schedule C, Line 3 Add Lines 3 + 4	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00			20. Contributions Received	\$ _____			21. Expenditures Made	\$ _____			
Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	1/1 through 6/30 7/1 to Date																					
1. Monetary Contributions 2. Loans Received 3. SUBTOTAL CASH CONTRIBUTIONS 4. Nonmonetary Contributions 5. TOTAL CONTRIBUTIONS RECEIVED	Schedule A, Line 3 Schedule B, Line 3 Add Lines 1 + 2 Schedule C, Line 3 Add Lines 3 + 4	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00																			
		20. Contributions Received	\$ _____																				
		21. Expenditures Made	\$ _____																				
Expenditure Limit Summary for State Candidates																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">6. Payments Made</th> <th style="width: 50%; text-align: center;">Schedule E, Line 4 Schedule H, Line 3 Add Lines 6 + 7 Schedule F, Line 3 Schedule C, Line 3 Add Lines 8 + 9 + 10</th> <th style="text-align: center;">\$ 41.50 0.00 \$ 41.50 0.00 \$ 0.00 \$ 41.50</th> <th style="text-align: center;">41.50 \$ 0.00 41.50 0.00 0.00 41.50</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td style="text-align: center;">22. Cumulative Expenditures Made* (If subject to Voluntary Expenditure Limit)</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Date of Election (mm/dd/yy)</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>				6. Payments Made	Schedule E, Line 4 Schedule H, Line 3 Add Lines 6 + 7 Schedule F, Line 3 Schedule C, Line 3 Add Lines 8 + 9 + 10	\$ 41.50 0.00 \$ 41.50 0.00 \$ 0.00 \$ 41.50	41.50 \$ 0.00 41.50 0.00 0.00 41.50			22. Cumulative Expenditures Made* (If subject to Voluntary Expenditure Limit)	\$ _____			Date of Election (mm/dd/yy)	\$ _____								
6. Payments Made	Schedule E, Line 4 Schedule H, Line 3 Add Lines 6 + 7 Schedule F, Line 3 Schedule C, Line 3 Add Lines 8 + 9 + 10	\$ 41.50 0.00 \$ 41.50 0.00 \$ 0.00 \$ 41.50	41.50 \$ 0.00 41.50 0.00 0.00 41.50																				
		22. Cumulative Expenditures Made* (If subject to Voluntary Expenditure Limit)	\$ _____																				
		Date of Election (mm/dd/yy)	\$ _____																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">7. Loans Made</th> <th style="width: 50%; text-align: center;">Schedule I, Line 4 Column A, Line 3 above Column A, Line 8 above</th> <th style="text-align: center;">\$ 0.00 0.00 \$ 41.50</th> <th style="text-align: center;">\$ 0.00 0.00 \$ 41.50</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td style="text-align: center;">To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>				7. Loans Made	Schedule I, Line 4 Column A, Line 3 above Column A, Line 8 above	\$ 0.00 0.00 \$ 41.50	\$ 0.00 0.00 \$ 41.50			To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	\$ _____												
7. Loans Made	Schedule I, Line 4 Column A, Line 3 above Column A, Line 8 above	\$ 0.00 0.00 \$ 41.50	\$ 0.00 0.00 \$ 41.50																				
		To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	\$ _____																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">8. SUBTOTAL CASH PAYMENTS</th> <th style="width: 50%; text-align: center;">Column A, Line 8 above</th> <th style="text-align: center;">\$ 41.50</th> <th style="text-align: center;">\$ 41.50</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td style="text-align: center;">13. Cash Receipts</td> <td style="text-align: center;">\$ 0.00</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">14. Miscellaneous Increases to Cash</td> <td style="text-align: center;">\$ 0.00</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">15. Cash Payments</td> <td style="text-align: center;">\$ 41.50</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">16. ENDING CASH BALANCE</td> <td style="text-align: center;">\$ 1,333.34</td> </tr> </tbody> </table>				8. SUBTOTAL CASH PAYMENTS	Column A, Line 8 above	\$ 41.50	\$ 41.50			13. Cash Receipts	\$ 0.00			14. Miscellaneous Increases to Cash	\$ 0.00			15. Cash Payments	\$ 41.50			16. ENDING CASH BALANCE	\$ 1,333.34
8. SUBTOTAL CASH PAYMENTS	Column A, Line 8 above	\$ 41.50	\$ 41.50																				
		13. Cash Receipts	\$ 0.00																				
		14. Miscellaneous Increases to Cash	\$ 0.00																				
		15. Cash Payments	\$ 41.50																				
		16. ENDING CASH BALANCE	\$ 1,333.34																				
<p><i>If this is a termination statement, Line 16 must be zero.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">17. LOAN GUARANTEES RECEIVED</td> <td style="width: 50%; text-align: center;">Schedule B, Part 2 See instructions on reverse Add Line 2 + Line 9 in Column B above</td> </tr> <tr> <td colspan="2" style="text-align: center;">\$ 0.00</td> </tr> </table>				17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 See instructions on reverse Add Line 2 + Line 9 in Column B above	\$ 0.00																	
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 See instructions on reverse Add Line 2 + Line 9 in Column B above																						
\$ 0.00																							
<p>Cash Equivalents and Outstanding Debts</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">18. Cash Equivalents</td> <td style="width: 50%; text-align: center;">\$ 0.00</td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> </tr> </table>				18. Cash Equivalents	\$ 0.00																		
18. Cash Equivalents	\$ 0.00																						
<p><i>*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.</i></p>																							
FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC																							

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SEE INSTRUCTIONS ON REVERSE
NAME OF FILER**

Statement covers period
from 01/01/2004 to 460
CALIFORNIA FORM

through	06/30/2004	Page	4	of	4
			I.D. NUMBER	1227669	

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAU	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

* Documents that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 0.00

2. UnitIALIZED payments made this period of under \$100 \$ 41.50

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00

1 Total payments made this period (Add lines 1, 2 and 3) Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 41.50**